



**Michelle Lujan Grisham, Governor**  
Kari Armijo, Secretary  
Alex Castillo Smith, Deputy Secretary  
Kathy Slater Huff, Deputy Secretary  
Kyra Ochoa, Deputy Secretary  
Dana Flannery, Medicaid Director

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## **Fair Hearing Authorized Representative Form**

I, \_\_\_\_\_, give my permission to \_\_\_\_\_  
to act as my Authorized Representative for this Fair Hearing.

### **Authorized Representative Information:**

Agency Name:

\_\_\_\_\_

First Name:

Last Name:

\_\_\_\_\_

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Claimant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This form can be emailed to the Office of Fair Hearings at:  
HCA-FairHearings@hca.nm.gov**

**Please include any legal authority (i.e. Power of Attorney,  
Guardianship, Conservatorship) when submitting this form.**